

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27447
3105

Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3411 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 46 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME KELLY MICHAEL H.

3. (b) If veteran, name war ✓ 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 5. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellen 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Sept 22 1866 (Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Ireland (City, town, or county) (State or foreign country)

10. Usual occupation Bricklayer Retired

11. Industry or business Mo Pacific R R

12. Name Chas Kelly

13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Mary Keftus

15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Ellen Kelly

(b) Address 3411 Harrison K.C., Mo

17. (a) St. Johns (b) Date thereof 8/18/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns

18. (a) Signature of funeral director Hurry Butler

(b) Address 87753 Central Ave J.C.K.

19. (a) 8/17/41 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Jackson (b) County Missouri
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 3411 Harrison (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15th year 1941 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Oct 14 1938 to Aug 15 1941
that I last saw him alive on Aug 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Parotid (Primary) Duration 11/39
Due to 554

Due to Secondary Ca. of Orbit
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? 2 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature G. A. Roy (M. D. or other)

Address 1002 Argyle Bldg Date signed 8/14/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3426 Ms*

P. O. Address *Kansas City Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.